

Montana Communicable Disease Weekly Update: 01/29/10



DISEASE INFORMATION

Summary – Week 3 – Ending 01/23/10 – Disease reports received at DPHHS during the reporting period – January 17-23, 2010 included the following:

- Vaccine Preventable Diseases: Hepatitis A (1 – in an unvaccinated international traveler), Varicella (4)
- Enteric Diseases: Campylobacteriosis (2), Salmonellosis (1), Shigellosis (1)
- Other Conditions: None
- Travel Related Conditions: None

NOTE: The report has multiple pages reflecting the following information: (1) vaccine preventable and enteric diseases YTD; (2) other communicable diseases YTD; (3) cases just this week; (4) clusters and outbreaks; and (5) an STD summary.

THE “BUZZ”

Influenza

During week 3 (1/23/10), influenza activity continued to decrease in the U.S., with no states reporting widespread activity and 5 states regional activity by 1/23/10. *The southeastern part of the U.S. continues to see regional/local activity.* (<http://www.cdc.gov/flu/weekly/>)

Worldwide, as of 24 January 2010, more than 209 countries and overseas territories or communities have reported laboratory confirmed cases of pandemic influenza H1N1 2009, including at least 14711 deaths. Although much of the temperate northern hemisphere passed a peak of fall and wintertime pandemic influenza activity between late October and late November 2009, virus transmission remain active in several later affected areas, particularly in North Africa, limited areas of eastern and southeastern Europe, and in parts of South and East Asia. (http://www.who.int/csr/don/2010_01_29/en/index.html)

UPDATE! Activity in Montana – Activity in Montana was lowered to the **SPORADIC** level. There are still cases being reported; however, the number of PCR confirmed cases has dropped significantly. Information on testing can be found at <http://www.dphhs.mt.gov/PHSD/Lab/envirom-lab-index.shtml>. **2009 influenza A (H1N1) continues to predominate - no other subtypes of influenza A are circulating at this time in Montana.**

REPORTING - As the 2009-2010 influenza season progresses, we would like to remind public health officials of the importance of detecting changes in influenza activity across the country.

- **Testing**, including sub-typing of influenza A viruses (i.e, PCR to state) to detect both pandemic and seasonal influenza strains, should continue for all **hospitalized and severely ill patients**, including patients aged >65 years.
- Timely **reporting of all pediatric deaths** associated with laboratory-confirmed influenza remains essential to detecting changes in severity of disease among children.
- **Continued reporting of ILI cases through ILINet (sentinel providers)** will be important to tracking peak influenza activity.
- Health-care providers should continue **reporting to local or state health departments any particularly severe or unusual influenza cases** or cases among specific vulnerable groups, such as pregnant women, immunocompromised persons, and health-care workers.
- **Institutional closings or clusters of influenza** infections in prisons, schools, colleges, and long-term care facilities should also be reported through state and local health departments.
- Any adverse reactions to antiviral medications or to influenza vaccines should continue to be reported via the Vaccine Adverse Event Reporting System.

Changes in the geographic spread, type, and severity of circulating influenza viruses will continue to be monitored with updates reported weekly in the online national influenza surveillance summary, FluView.

Even though influenza incidence is decreasing, influenza is unpredictable and there may be increases in disease again. People who have not been vaccinated should get vaccinated now!

Diarrheal Disease and Food Recalls

NEW! Multistate Outbreak of Human *Salmonella* Montevideo Infections - The CDC and public health officials in many states are currently investigating a multistate outbreak of *Salmonella* serotype Montevideo. As of January 25, 2010, a total of 189 individuals infected with a matching strain (DNA fingerprint) of *Salmonella* Montevideo have been reported from 40 states since July 1, 2009. Preliminary studies involving ill persons from this outbreak have suggested contaminated salami as the source of illness. As a result, this outbreak has prompted the recall of 1,240,000 pounds ready-to-eat Italian sausage varieties by Daniele International Inc. The product has been distributed in Montana. No *Salmonella* cases related to this outbreak have been identified in MT as of January, 29th, 2010. However, cases have been identified in Washington (14), Oregon (8), Idaho (2), Wyoming (2), North Dakota (1), and South Dakota (3), as well as many other western states. For additional information about this outbreak and recall, follow:
<http://www.cdc.gov/salmonella/montevideo/map.html> / (
[http://www.fsis.usda.gov/News & Events/Recall 006 2010 Expanded/index.asp](http://www.fsis.usda.gov/News_&_Events/Recall_006_2010_Expanded/index.asp))

E. coli* O157:H7 Outbreak and Related Beef Recall** - On December 24, 2009, the United States Department of Agriculture's Food Safety and Inspection Service (FSIS) issued a recall notice for 248,000 pounds of beef products from National Steak and Poultry that may be contaminated with *Escherichia coli* O157:H7 (*E. coli* O157:H7). The recall was issued after FSIS determined there was an association between non-intact steaks (blade tenderized prior to further processing) and illnesses in Colorado, Iowa, Kansas, Michigan, South Dakota and Washington. As of Monday, January 4, 2010, 21 persons from 16 states were reported to be infected with the outbreak strain. Illness onset dates ranged from October 3 through December 14, 2009. ***As of January 29, 2010, no reports of E. coli O157:H7 associated with this recall have been received in MT. For more information on this outbreak and the associated product recall, go to: <http://www.cdc.gov/ecoli/2010/index.html>.

INFORMATION / ANNOUNCEMENTS

End of Year Surveillance Activities - IMPORTANT!

Communicable Disease Reporting 2009 Reconciliation – CDEpi has begun the process of reconciling 2009 data. Watch for line lists sent via ePASS from Elton Mosher. Please review these line lists to ensure that disease cases that we have match those that are in your records. *Goal is to have this activity completed by March 1, 2010!* Thanks for your assistance!

STD Case Record Reconciliation — Please send in or FAX all remaining 2009 reportable STD case records (chlamydia, gonorrhea, syphilis) to the STD Program. The deadline for sending the case records is February 15, 2010. If you have questions regarding the case records, please contact Cara Murolo at 444-2678 or cmurolo@mt.gov. The STD case records can be FAXed, 800-616-7460, or sent to: DPHHS STD Program, Cogswell Building, Room C-211, Helena, MT 59620

Tuberculosis Testing – The January issue of *Montana Public Health* describes TB cases reported in Montana during the last ten years and TB diagnostic testing available at or through the Montana Public Health Laboratory (MTPHL). It is a particularly good issue to share with clinicians, as it reviews state of the art testing in Montana for tuberculosis. (http://www.dphhs.mt.gov/PHSD/prevention_opps/pdf/MPHJan10.doc)

PBS Program on H1N1 Influenza Epidemic - The Immunization Action Coalition (IAC) has a copy of the video "Anatomy of a Pandemic", a one hour PBS NewsProgram that discusses the science and policy issues related to the 2009 H1N1 influenza pandemic. Go to go to: <http://www.immunize.org> and click on the image under the words Video of the Week. It may take a few moments for the video to begin playing; please be patient!

24/7 AVAILABILITY

The Communicable Disease Epidemiology program is available 24 hours a day/7days a week/365 days a year. Please call 406.444.0273 if you need immediate communicable disease epidemiology assistance. The answering service will take a message and we will return the call as quickly as possible.

This newsletter is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <http://cdepi.hhs.mt.gov>.